

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

## (Schedule E)

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ESAFund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Chris Mottola Consulting, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address <b>1382 Lafayette Street</b>			Amount <b>19564.64</b>		
City <b>Cape May</b>	State <b>NJ</b>	Zip Code <b>08204</b>	Transaction ID : <b>SE.7111</b>		
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Masto, Catherine Cortez, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address <b>600 Fairmount Avenue, #306</b>			Amount <b>699100.00</b>		
City <b>Towson</b>	State <b>MD</b>	Zip Code <b>21286</b>	Transaction ID : <b>SE.7114</b>		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Masto, Catherine Cortez, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>718664.64</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>718664.64</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Watkins, Nancy H., , ,</i>		[Electronically Filed]		Date MM / DD / YYYY <b>10 / 28 / 2016</b>	